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Issue No.: 2

Effective Date: 15-October-2004

## APPENDIX D: BUCCAL KIT SAMPLE SUBMISSION FORM

**Buccal Collector Kits Numbered 20400001 Through 20450000:**

Virginia Division of Forensic Science

204000001

Last Name	First Name	Initial	Suffix	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Month	Day	Year
<input type="checkbox"/> Caucasian <input type="checkbox"/> African Amer. <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____	Social Security Number	Date Of Birth		
<input type="checkbox"/> Arrestee <input type="checkbox"/> Convicted Felon	Also Known As (AKA)	Month	Day	Year
	Collecting Agency ORI Number	Date Collected		
Qualifying Offense Code Section	Offense Tracking Number (use once ICJIS is available)			
V A SID Number (Convicted Felons only)	Arresting or Accompanying Officer's Last Name (Arrestees only)	DCN (Arrestees only)		

Sample Collected By: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

**FOR DFS USE ONLY**

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Thumbprint (Left)
Thumbprint (Right)
Peelable barcode

# DNA DATA BANK OPERATING POLICIES AND PROCEDURES MANUAL

Issue No.: 2

Effective Date: 15-October-2004

**Buccal Collector Kits Numbered 20450001 Through 20499999:**

**Virginia Division of Forensic Science**

20450001

Last name																First Name										Initial		Suffix			
<input type="checkbox"/> Male		<input type="checkbox"/> Female		Social Security Number										Month		Day		Year													
<input type="checkbox"/> Caucasian		<input type="checkbox"/> African Amer.		<input type="checkbox"/> Hispanic		<input type="checkbox"/> Other _____		Also Known As (AKA)																Month		Day		Year			
<input type="checkbox"/> Arrestee		<input type="checkbox"/> Convicted Felon		Collecting Agency ORI Number										Month		Day		Year													
Qualifying Offense Code Section																Collecting Agency Name															
SID Number (Convicted Felons only)																Arresting or Accompanying Officer's Last Name (Arrestees only)										DCN (Arrestees only)					

Sample Collected By: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

FOR DFS USE ONLY

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

11

Thumbprint (Left)

Thumbprint (Right)

Barcode  
Sticker

Barcode  
Sticker

Peelable barcode

◆END